

TRAUMA RESOURCES ORDER FORM

ABN: 47 720 569 707

	Price	Quantity	Cost
Australian Guidelines			
Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder	<i>Postage & handling charges apply for these products. See over for details. Please indicate quantity below.</i>		
Full Guidelines (<i>maximum order = 1 copy</i>)	nil		
Practitioner Guide	nil		
Guide for people with ASD and PTSD, their families and carers (<i>maximum order = 20 copies</i>)	nil		
Clinician Manual and DVD			
Treating traumatic stress: Conducting imaginal exposure for PTSD	\$165.00		\$
Books			
Stress Inoculation Treatment for Anger Control: Dr Raymond Novaco	\$22.00		\$
Fact Sheets (Prices are per set of 20)			
Self Help			
Coping with the impact of natural disasters, emergencies, major accidents or mass violence	\$20.00		\$
Coping with the threat of terrorism	\$20.00		\$
Helping a friend or family member after a traumatic event	\$20.00		\$
Helping yourself after a traumatic event	\$20.00		\$
On the anniversary	\$20.00		\$
General information about trauma			
Trauma and mental health: frequently asked questions	\$20.00		\$
Trauma: first response and recovery	\$20.00		\$
Trauma and serious injury	\$20.00		\$
Trauma and serving in the military	\$20.00		\$
Trauma and children	\$20.00		\$
About PTSD	\$20.00		\$
PTSD treatment and recovery	\$20.00		\$
Total			\$

(see over for postage charges and payment information)

Payment

Total order (from previous page)		\$
Plus postage and handling:		
Guidelines (full)	\$15	\$
DVD (& clinician manual)	\$10	\$
Other books	\$5 (1-4 copies); \$10 (5-9 copies); \$15 (10+ copies)	\$
Fact sheets	\$5	\$
Postage outside Australia	\$25 (1-4 items); \$65 (5 or more items)	\$
Total amount owing		\$

A Tax Invoice will be sent to you with your completed order

Name: _____

Organisation: _____

Address: _____

Suburb/Town: _____ State: _____ Post/Zip Code: _____

Email: _____

Phone Number: _____

Payment Options:

Cheque / money order payable to 'ACPMH Inc.' **or**

Credit Card: MasterCard Visa (no other card types able to be accepted)

|_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|

Expiry: ____ / ____ Name on card: _____ Signature: _____

When complete, please return with payment to:
 Manager, ACPMH, Level 1, 340 Albert St, East Melbourne Victoria 3002 AUSTRALIA
 Fax: +61 3 9936 5199 Email: acpmh-info@unimelb.edu.au

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